

CASUALTY FEEDER REPORT*(AR 600-10)*

CONTROL NO.

CHECK APPLICABLE BOX

☐

HOSTILE ACTION

☐

NON-HOSTILE ACTION

1. LAST NAME - FIRST NAME - MIDDLE INITIAL

2. SERVICE NO.

3. GRADE

4. HOUR AND DATE OF INCIDENT

5. UNIT

6. GEOGRAPHICAL LOCATION (*nearby town*) AND GRID COORDINATES7. TYPE OF CASUALTY (*Check applicable box(es)*)

KILLED IN ACTION

MISSING IN ACTION

WOUNDED OR INJURED
IN ACTIONDIED OF WOUNDS OR
INJURIES

CAPTURED

LIGHTLY WOUNDED OR
INJURED IN ACTION*DIED NOT AS RESULT
OF HOSTILE ACTION

DETAINED

SERIOUSLY INJURED OR
INJURED IN ACTION*

BODY RECOVERED

☐

YES

☐

NO

INTERNEED

SERIOUSLY INJURED
NOT AS RESULT OF
HOSTILE ACTION

BODY IDENTIFIED

☐

YES

☐

NO

MISSING

LIGHTLY INJURED NOT
AS RESULT OF HOSTILE
ACTION

EVACUATED TO

**To be indicated by medical personnel only.*